STATEMENT OF

RECEIVED

FORM 1	FORM 1 ORGANIZATION						AMH:51 CENTER
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Exampl over the	e:If typing, type ines.	12FE4M5		
NEW JER	SEY D	EMOCRATIC	ĻĘĄD	ERSHIP F	EDERA	LCOM	MITTEE
ADDRESS (number and street)		P. O. BOX 16	5194				
(Check if address is changed)		PLANTATION	V		FL ₁	33318	
			CITY		STATE	ZIP	CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) DemocraticLeadershipCommittees@gmail.com (Check if address is changed)							
COMMITTEE'S WEB PAGE ADDRESS (URL)							
(Check if address is changed)				11111			
2. DATE 10 17 17 2012 T							
3. FEC IDENTIFICATION NUMBER C							
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)							
I certify that I have	examined th	is Statement and to the be	st of my kno	wledge and belief it	is true, correc	t and complet	e.
Type or Print Name	of Treasure	ALEXANDE	R CLI	NON			
Signature of Treasurer <u>Alexanders Clinton</u> Date 10" 17° 2012							
NOTE: Submission of false, erroneous, or incontinuete information may subject the pletson signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use			Fee	r further information of deral Election Commissi Free 800-424-9530			FORM 1 d 02/2009)